

# Healthy Weight Partnership Annual Meeting

June 9, 2009

**Welcome and Introduction**  
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**Nutrition, Physical Activity and Obesity Program**  
[www.michigan.gov/preventobesity](http://www.michigan.gov/preventobesity)



# Healthy Weight Partnership Annual Meeting

June 9, 2009

## Healthy Weight Partnership – Moving Forward Pamela Bacon, Training Coordinator

[baconp3@michigan.gov](mailto:baconp3@michigan.gov)

Nutrition, Physical Activity and Obesity Program

[www.michigan.gov/preventobesity](http://www.michigan.gov/preventobesity)



# Meeting Objectives:

- **Healthy Weight Partnership Orientation**
- **State Plan progress report**
- **Surveillance update**
- **Partner efforts to implement portions of state plan**
- **Obesity program resources**
- **Health disparities in obesity**



Michigan Healthy Weight Partnership



# Healthy Weight Partnership Overview

## Background

- Formed in 2006 to oversee the implementation and evaluation of the “Michigan Healthy Eating and Physical Activity Plan: A Five Year Plan to Address the Epidemic of Obesity”
- Facilitated by Michigan’s CDC funded Nutrition, Physical Activity, and Obesity (NPAO) Program



Michigan Healthy Weight Partnership



# Healthy Weight Partnership Overview

## Purpose

- Account for activities already being conducted in Michigan that support the objectives in the 2005 Michigan Healthy Eating and Physical Activity Plan: A Five Year Plan to Address the Epidemic of Obesity.
- Implement and report on new activities that support the plan and the missions of the partner organizations.



Michigan Healthy Weight Partnership



# Healthy Weight Partnership Overview

## Purpose

- **Leverage support and resources for completing the State Plan objectives.**
- **Identify new opportunities to address challenges that people are facing in achieving healthy weight.**



Michigan Healthy Weight Partnership



# Healthy Weight Partnership Overview

## Members

- Currently there are 88 participants
- Members includes public and private organizations
- Representation from NPAO supported programs:
  - Healthy Kids, Healthy Michigan
  - Head Start Project
  - Michigan Steps Up
  - Building Healthy Communities
  - Faith-Based Initiative



Michigan Healthy Weight Partnership



# Healthy Weight Partnership Overview

## Communication

- Annual face-to-face meetings
- Conference call meetings
- Training opportunities
  - Webinars
  - Presentations
  - Information dissemination through listserv, newsletters, website



Michigan Healthy Weight Partnership



# Healthy Weight Partnership Overview

## Partner Program Profile Form

- We are interested in knowing what your organization is doing to implement objectives in the five-year State Plan
- Information will be used to evaluate success
- Please fill out a form for each of your programs



Michigan Healthy Weight Partnership



# Healthy Weight Partnership Annual Meeting

June 9, 2009

**Kevin Hughes, Co-Chair  
District Health Department #10**

**Nutrition, Physical Activity and Obesity Program**

**[www.michigan.gov/preventobesity](http://www.michigan.gov/preventobesity)**



# Michigan Healthy Weight Partnership Annual Meeting 2008

## Outcome:

- Reported the status of objectives in State Plan
- Developed Annual Implementation Plan
- Developed Partnership Plan and strategies to recruit and retain diverse membership
- Recruited members for the Evaluation Advisory workgroup
- Provided information on specific obesity data for the Burden Report



Michigan Healthy Weight Partnership



# Healthy Weight Partnership Annual Meeting

June 9, 2009

## Planning & Evaluation Henry Miller, Program Evaluator

[millerhenry@michigan.gov](mailto:millerhenry@michigan.gov)

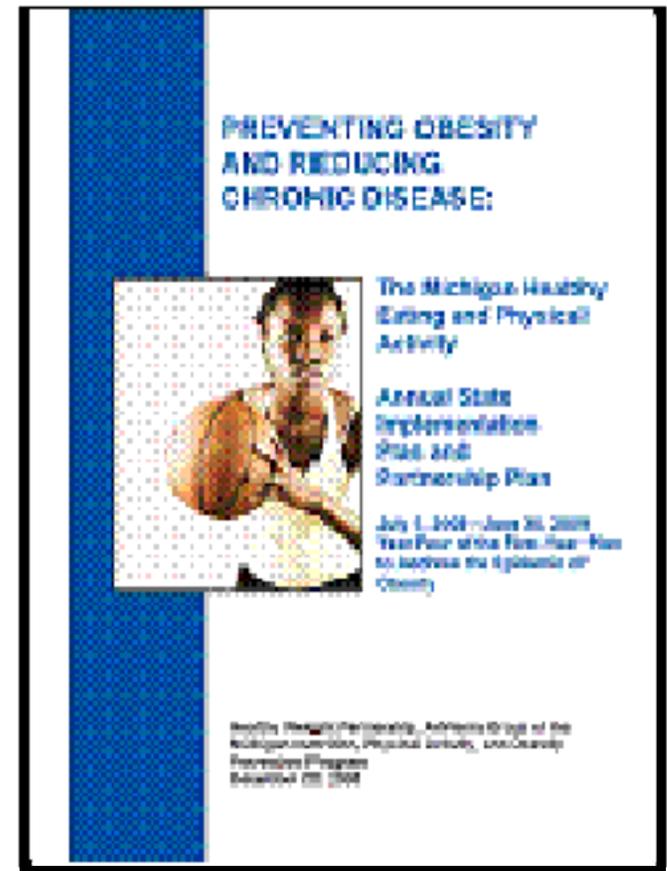
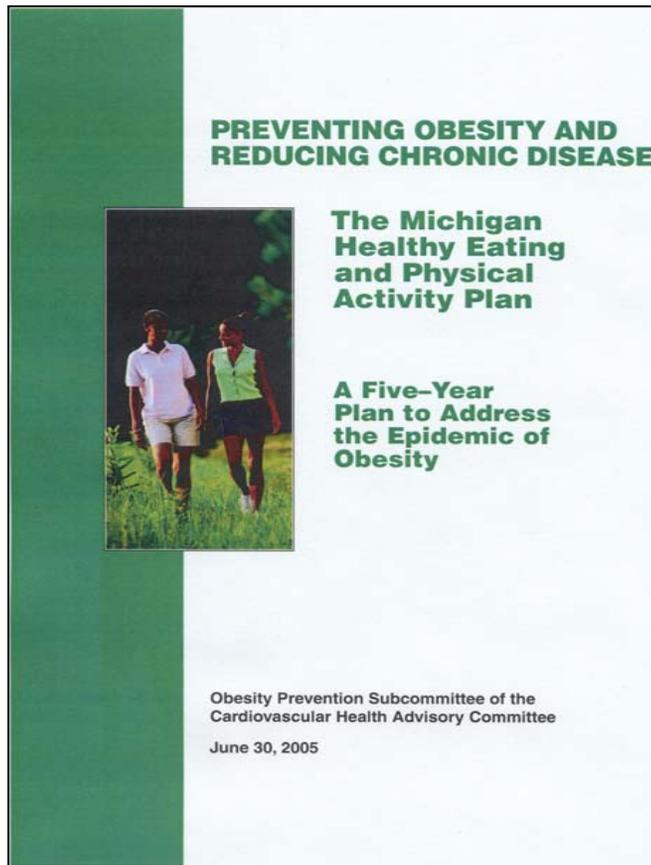
**Nutrition, Physical Activity and Obesity Program**

[www.michigan.gov/preventobesity](http://www.michigan.gov/preventobesity)



# Five Year State Plan: 2005-2010

## Annual Implementation Plan: 2008-2009



Michigan Healthy Weight Partnership



# Overweight and Obesity in Michigan: Surveillance Report Series

Beth Anderson, Cardiovascular Health Epidemiologist  
Healthy Weight Partnership Meeting  
June 9<sup>th</sup>, 2009



# Obesity Key Findings

## Topics Included in the Chapter:

- Obesity
- Overweight
- Health conditions/health status  
(Adults only)

## Overweight and Obesity in Michigan: Surveillance Report Series



Obesity Chapter 2009

# Obesity

## Key Findings

### *Adults:*

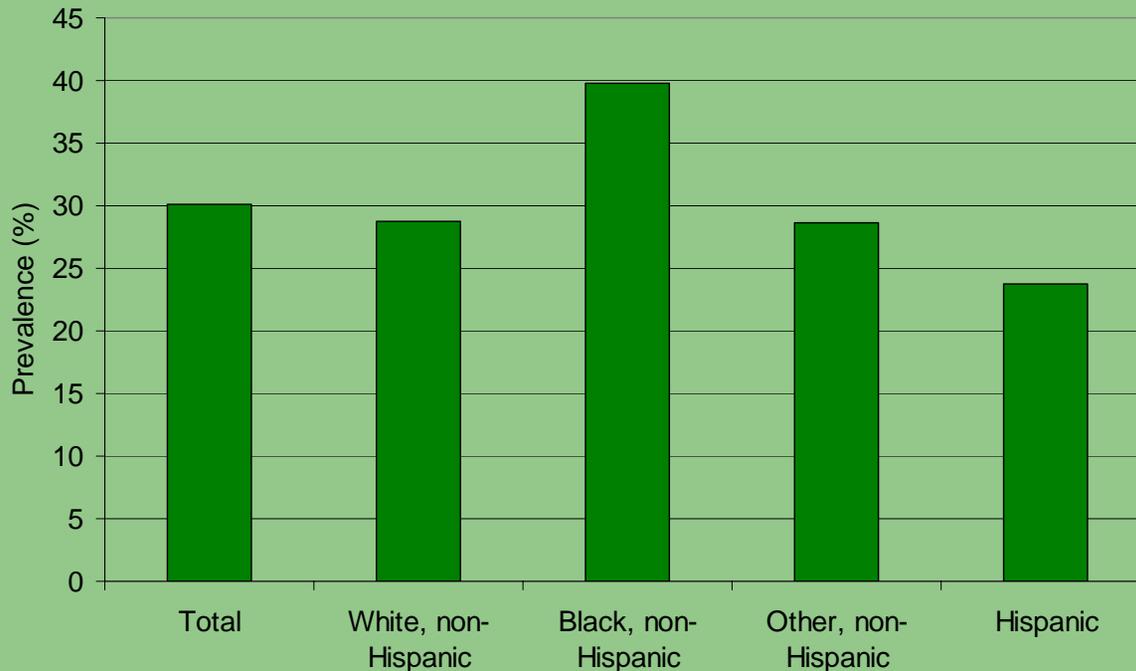
- Obesity in Michigan has risen 21.8% among adults from 2001 to 2008.
- Michigan had the 8th highest prevalence rate of obesity in the United States in 2008.
- In 2008, 65.3% of Michigan adults were either overweight or obese; 35.2% were overweight and an additional 30.1% were obese.
- Blacks had a significantly higher obesity rate (39.8%) than whites (28.8%).
- Obese adults had a higher prevalence of arthritis, high blood pressure, high cholesterol, asthma, coronary heart disease, stroke, heart attack, diabetes and inadequate sleep compared with non-obese adults.
- Obese adults also reported the highest prevalence of poor life satisfaction, poor general health, poor physical health, poor mental health and activity limitations compared with non-obese adults.

### *Youth:*

- In 2007, 28.9% of Michigan youth, grades 9 through 12, were either overweight or obese; 16.5% were overweight and an additional 12.4% were obese.
- Black youth had a higher obesity rate (18.5%) compared with white youth (11.2%).

# Obesity Key Findings

Prevalence of obesity among adults, 18 and over in Michigan by race and ethnicity, 2008



- Michigan had the 8th highest prevalence of obesity in the United States with 30.1% of adults, 2008.

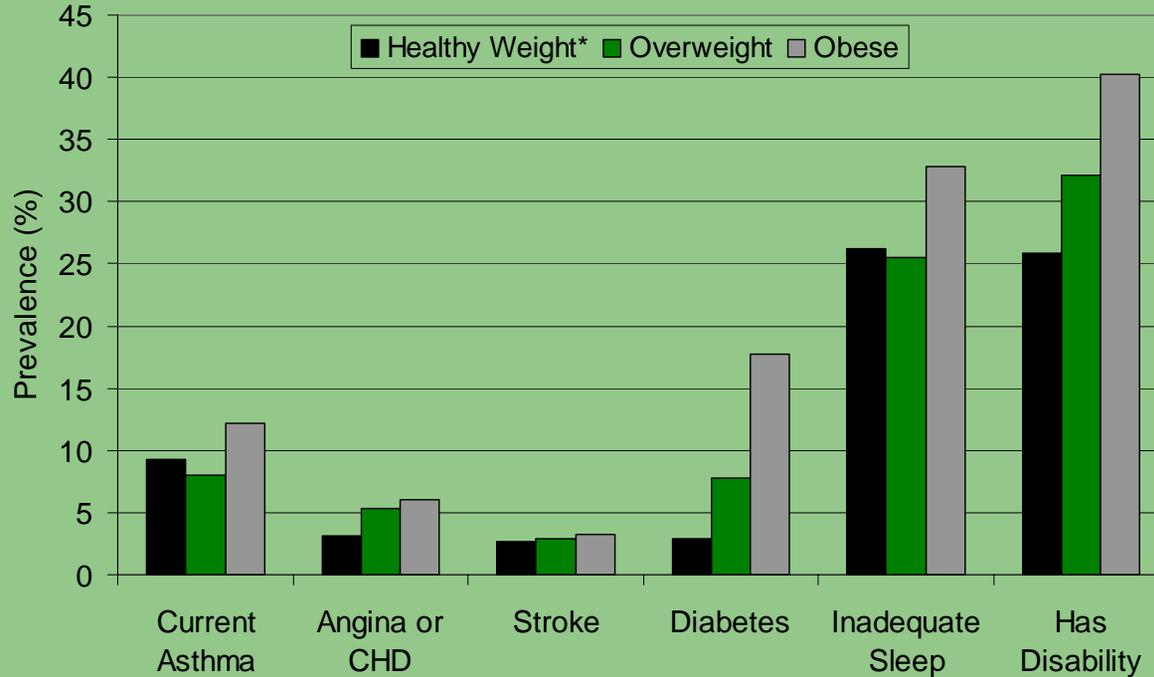
- An additional 35.2% were overweight.

- Blacks had a significantly higher prevalence of obesity (39.8%) than whites (28.8%).

# Obesity

## Key Findings

Prevalence of health conditions among adults, 18 and over, by weight status in Michigan, 2008



- In 2008, obese adults had the highest prevalence of the health conditions listed in the figure (asthma, CHD, stroke, diabetes, inadequate sleep and having a disability).

- Other health conditions reported in the chapter are arthritis, high blood pressure and high cholesterol.

# Physical Activity Key Findings

## Topics Included in the Chapter:

- Physical Inactivity
- Inadequate Physical Activity (Adults only)
- Television Viewing (Youth only)
- Computer/Video Game Use (Youth only)

## Overweight and Obesity in Michigan: Surveillance Report Series



## Physical Activity Chapter 2009

# Physical Activity Key Findings

## *Adults*

- In 2008, 49.4% of Michigan adults did not get the recommended amount of physical activity (i.e. Moderate physical activity for a total of at least 30 minutes on five or more days a week or vigorous activity for a total of at least 20 minutes on three or more days per week while not at work).
- Physical inactivity increases with age and decreases with education and income.
- In 2008, obese Michigan adults had a significantly higher prevalence of inadequate physical activity and no leisure-time physical activity compared with adults who were not obese.

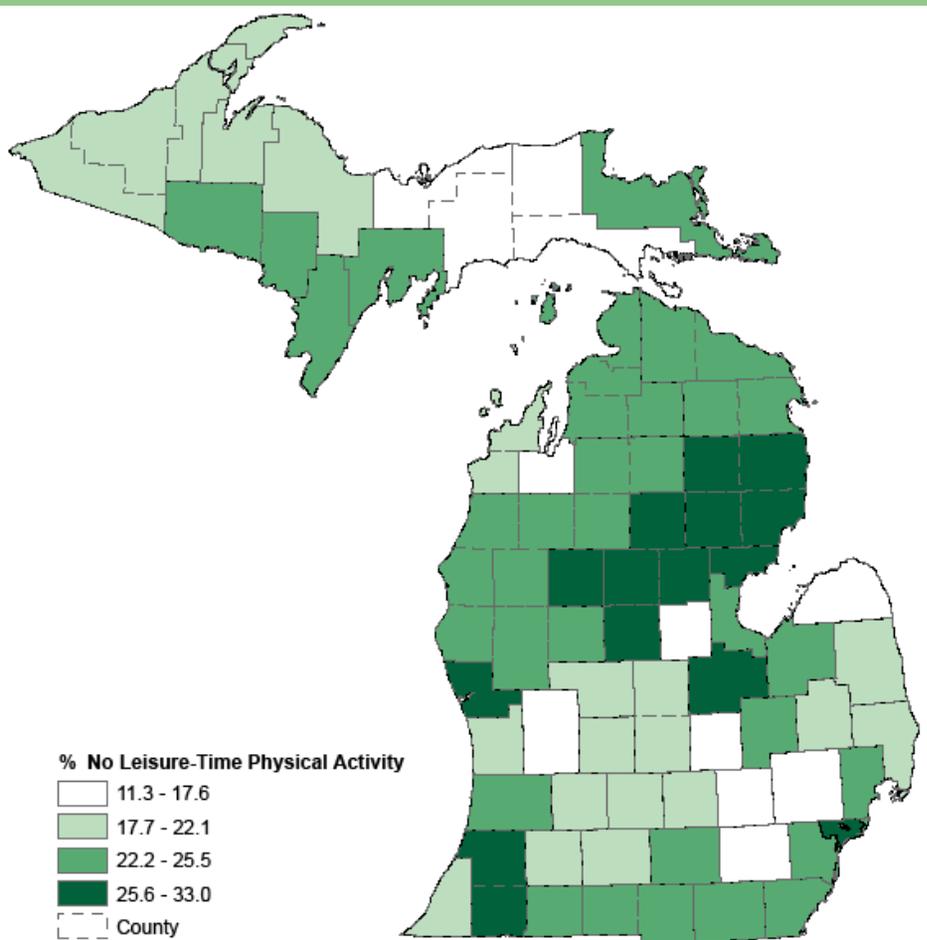
## *Youth*

- As of 2005, Michigan youth had not yet reached the *Healthy People 2010* targets for vigorous or moderate physical activity (i.e. Moderate physical activity for a total of at least 30 minutes on five or more days a week or vigorous activity for a total of at least 20 minutes on three or more days per week while not at work).
- Female youth (64.5%) were more likely to not meet the 2008 physical activity guidelines than males (47.3%).
- Black youth had the highest prevalence of excessive television viewing (58.1%) and computer or video game use (30.7%) in 2007.

# Physical Activity

## Key Findings

Prevalence of no leisure-time physical activity\* among adults, 18 and over in Michigan by local health department jurisdictions, 2005 to 2007.

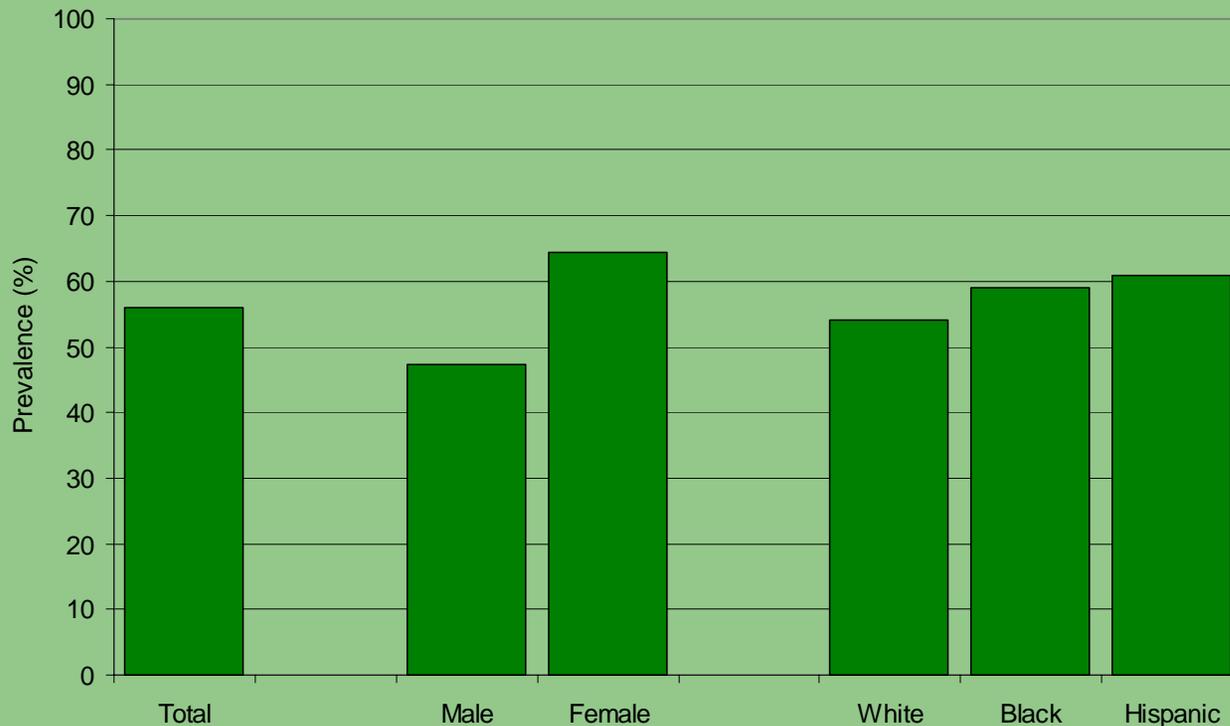


- The prevalence of no leisure-time physical activity in Michigan from 2005 to 2007 was 22.1%.
- Out of Michigan's 45 local health departments, only 15 have met the *Healthy People 2010* target set at 20%.
- The City of Detroit had the highest prevalence, 33.0% and Grand Traverse County had the lowest, 11.3%.

Source: Michigan Behavioral Risk Factor Survey (BRFS)

# Physical Activity Key Findings

Prevalence of inadequate physical activity among youth,  
grades 9-12, in Michigan, 2007



The proportion of youth who did not achieve the recommended weekly physical activity is higher in the United States (65.3%) than in Michigan (56.0%).

Females (64.5%) were more likely to get inadequate physical activity than males (47.3%).

# Nutrition Key Findings

## Topics Included in the Chapter:

- Fruit and vegetable consumption
- Sugar sweetened beverages (Youth only)
- Fast Food (Adults only)

## Overweight and Obesity in Michigan: Surveillance Report Series



Nutrition Chapter  
2009

*Michigan Department  
of Community Health*

**M DCH**

Jennifer M. Granholm, Governor  
Janet Olaszewski, Director

# Nutrition

## Key Findings

- *Adults*

- In 2008, 78.3% of Michigan adults consumed inadequate fruits and vegetables.
- Inadequate fruit and vegetable consumption decreased with increasing education. Females (26.6%) were more likely to get an adequate amount than males (16.0%).
- Nearly 1 in 4 Michigan adults went to a fast food restaurant two or more times a week in 2005.

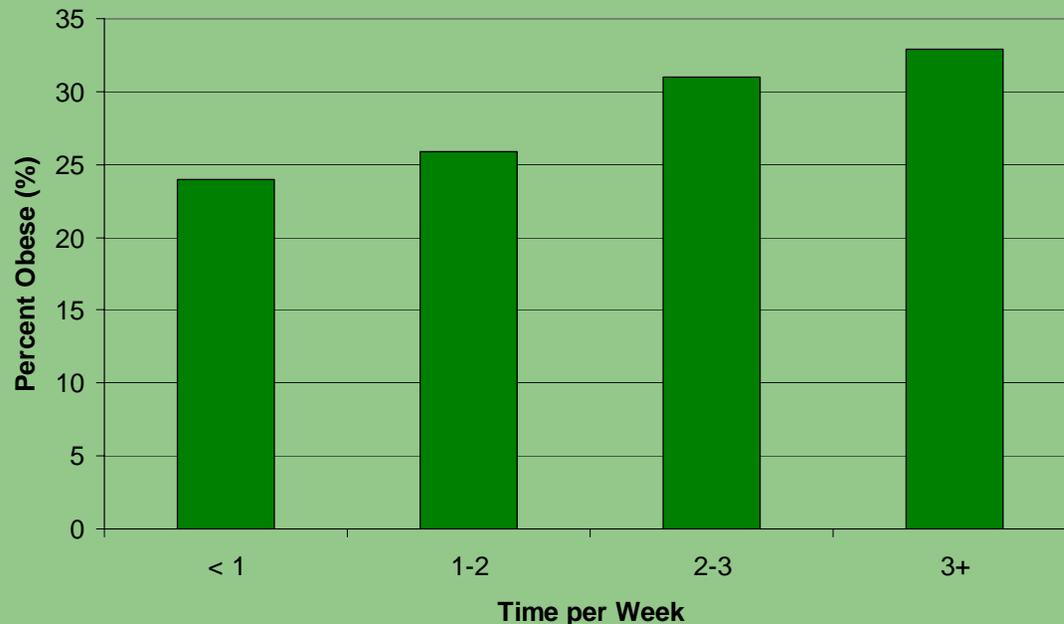
- *Youth*

- In 2007, 83.0% of Michigan youth consumed inadequate fruits and vegetables.
- There were no significant differences by race or gender.
- Almost 30% of youth drank at least one non-diet pop or soda a day. There was a significant difference in soda consumption between males (34.6%) and females (23.1%).

# Nutrition

## Key Findings

Prevalence of obesity by frequency of fast food consumption among adults, 18 and over, in Michigan, 2005.



- The prevalence of obesity increased with increased number of visits to fast food restaurants in a week from less than once a week (24.0%) to more than three visits a week (32.9%).

- The odds of being obese were about 60% greater for those eating fast food two or more times a week compared to those consuming it less frequently.

# Breastfeeding Key Findings

## Topics Included in the Chapter:

Breastfeeding

Opinion

Prevalence

Duration

Reason to stop

## Overweight and Obesity in Michigan: Surveillance Report Series



## Breastfeeding Chapter 2009

# Breastfeeding Key Findings

## *Women*

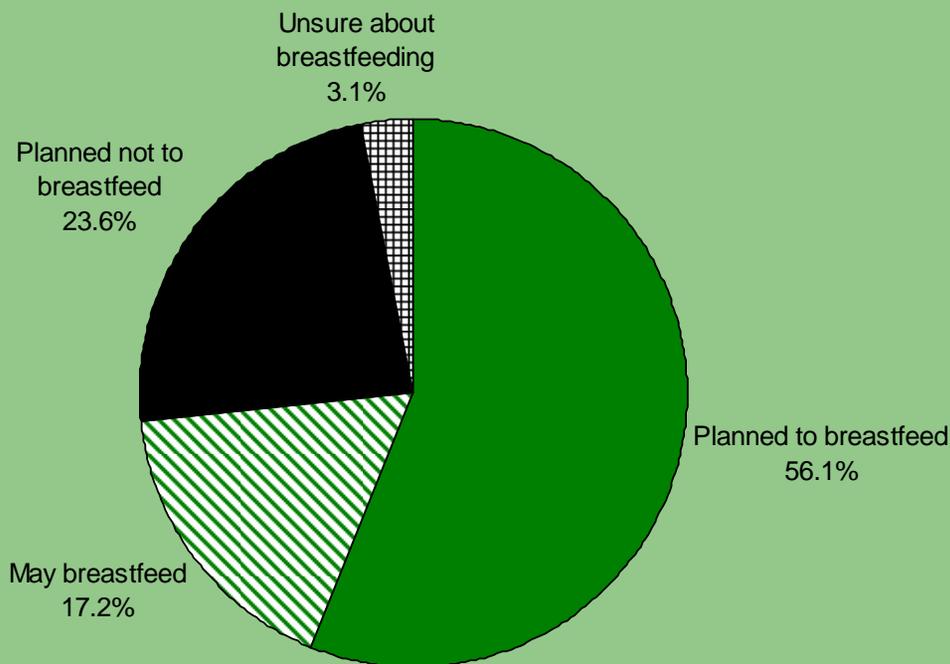
- In 2006, 56.1% of Michigan women planned to breastfeed before their delivery. Almost 70% of women had initiated breastfeeding.
- White, non-Hispanics had a higher prevalence (71.7%) than black, non-Hispanics (55.7%) for breastfeeding initiation.
- The prevalence of breastfeeding increased with education and income.
- Women whose BMI was a healthy weight had a higher prevalence of ever breastfeeding than non-healthy weight women.
- The average duration of breastfeeding was 6.8 weeks among women who breastfed for longer than a week but discontinued before surveyed.

## *Low-Income Children*

- The overall prevalence of PedNSS infants that were breastfed was 49.0%. This is below the Healthy People 2010 goal of 75%.
- In 2007, 62.3% of PedNSS participants stopped breastfeeding within 10 days.

# Breastfeeding Key Findings

Pre-delivery breastfeeding plans, Michigan 2006

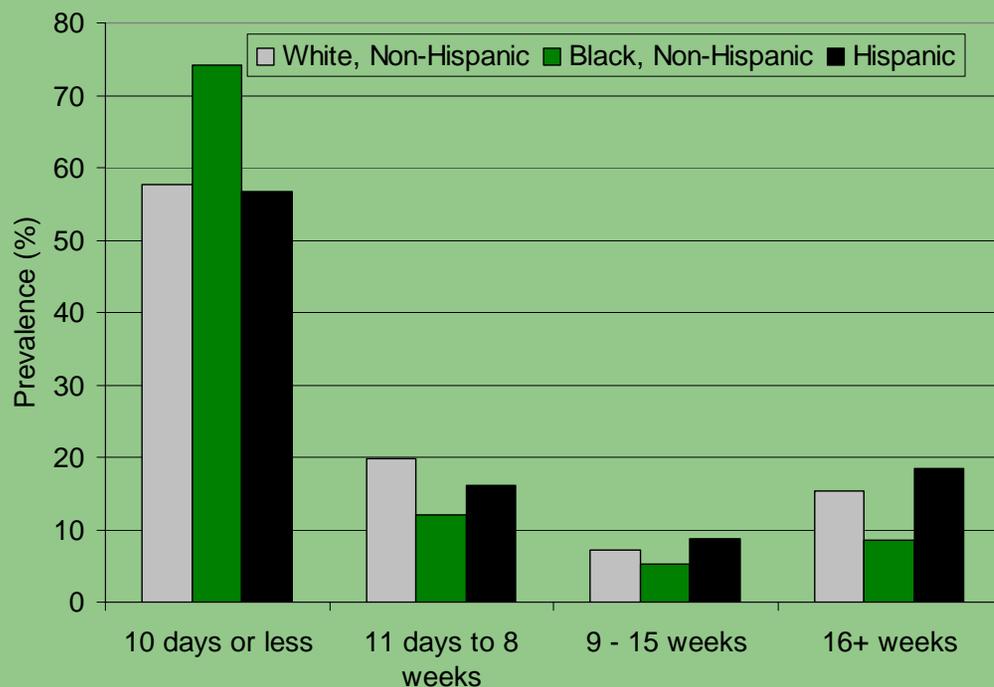


**2006**

- 56.1% Planned to breastfeed and 69.2% said they did initiate breastfeeding.
- The average duration of breastfeeding was 6.8 weeks.
- White, non-Hispanics had a higher prevalence (71.7%) than black, non-Hispanics (55.7%) for breastfeeding initiation.

# Breastfeeding Key Findings

Breastfeeding duration among PedNSS participants, by race/ethnicity, Michigan 2007



**2007**

- The prevalence of infants that were breastfed was 49.0%. This is below the Healthy People 2010 goal of 75%.
- 62.3% of PedNSS participants stopped breastfeeding within 10 days.

# Update on Report

- Physical Activity Chapter\*
- Nutrition Chapter
- Obesity Chapter
- Breastfeeding Chapter
- Full Report

\*[www.michigan.gov/preventobesity](http://www.michigan.gov/preventobesity)

\*[www.michigan.gov/cvhepi](http://www.michigan.gov/cvhepi)

## Overweight and Obesity in Michigan: Surveillance Report Series



## Physical Activity Chapter 2009

Michigan Department  
of Community Health

**M DCH**

Jennifer M. Granholm, Governor  
Janet Olszewski, Director

- Contact Information:
- Beth Anderson
- [Andersonb@michigan.gov](mailto:Andersonb@michigan.gov)
  
- Report and Chapters are located at:
- [www.michigan.gov/preventobesity](http://www.michigan.gov/preventobesity)
- [www.michigan.gov/cvhepi](http://www.michigan.gov/cvhepi)

# Data Gaps

1. Childhood overweight, nutrition, breastfeeding, at age under 5 for the non-low income population.
  - We are still in talks with MCIR to include BMI. We have no plans right now for nutrition and breastfeeding.
2. Childhood overweight, nutrition, physical activity, ages 6-12.
  - We can get some of this data from the MiPHY (7th graders)
3. County level childhood data in general, beyond age 2-5 low income. (compare to BRFS combined year data at the local health department level)
4. Television watching, children below grade 9.
  - Neilson Ratings puts out a report each year. The most recent report is 2007 and it costs \$150 for the pdf version. I have an email into them asking if this will include state level or even sub-state level data.
  - Use MiPHY for the 7th graders
  - Include a question on the BRFS asking parents about their child's viewing habits.
5. Children in grades 9 to 12, use tobacco for weight control purposes
  - This used to be asked in the Youth Tobacco Survey. It was last asked in 2004 but was not carried over to the 2007 survey.
6. Hispanic adults, age 18+ (BRFS has data but very large confidence intervals)
  - Partner with other public health areas in advocating oversampling in future BRFS to obtain better estimates.
7. Consumption of energy dense foods, all age groups.
  - Conduct a special survey or add questions to the BRFS
8. Overall data on policies and environments
  - Seek out data from other, non-traditional sources (Grocer's Association, Center for Geographic Information- parks and trails)
9. Update baseline data obtained by the 2002 "Michigan Nutrition and Physical Activity Survey".

# Data Gaps

| Gap # (See Above) | Utilization | Feasibility | Source   | Barriers                                 | Prioritization Level |
|-------------------|-------------|-------------|--|--|----------------------|
| 1                 | High        | Medium      | HOPS Survey (in two years), MHIN, PRAMS, MCIR            | Time                                     | 2                    |
| 2                 | High        | High        | MiPHY, HSAT, SHEP  |  | 1                    |
| 3                 | High        | Low         |  | No data set has a big enough sample size | 2                    |
| 4                 | High        | High        | Neilson, MiPHY, BRFS                                     |  | 1                    |
| 5                 | Low         | High        | YTS  | Utility                                  | 3                    |
| 6                 | High        | Low         | BRFS, oversampling Hispanics                             | \$\$\$                                   | 2                    |
| 7                 | High        | Low         | BRFS?  | How do we measure?                       | 2                    |
| 8                 | High        | Medium      | Grocers Association, Center for Geographical Information |  | 2                    |
| 9                 | High        | Very Low    | Michigan Nutrition and Physical Activity Survey          | \$\$\$                                   | 3                    |

# Building Healthy Communities



**Build environments and  
improve policies to make  
walking and healthy eating  
accessible to all.**

**June 9, 2009**

# What is Building Healthy Communities?

- Local health dept. works with community to implement environment and policy changes that address chronic diseases.
- Funded by Michigan Dept. of Community Health & MSU Extension to implement evidence based changes
- Initiatives targeted at creating an environment in which walking and healthy eating are accessible to all

# Why is Building Healthy Communities Important?

- Adult obesity costs \$2.9 billion in Michigan.  
Michigan Behavior Risk Factor Survey, 2005
- In Ingham County:
  - 1 in 3 adults do not get enough physical activity.
  - 4 in 5 adults do not consume enough fruits & vegetables.  
Michigan Behavior Risk Factor Survey 2007
- In Lansing:
  - Every three days a person is hit by a vehicle while walking or riding a bike.  
Lansing Police Department Traffic Crash reporting data 2007
- Environment and policy changes can affect large percentages of a population and encourage active healthy living.

# History of BHC in Tri-County Region

- The Land Use and Health Resource Team (LUHRT) was created in 2001 to promote community health through public education and engagement on land use and its relationship to health.
- Moving Our Community Toward Health- A LUHRT coalition- started in 2006
- Power of We Consortium (PWC)-LUHRT became a PWC partner coalition in 2008

# Tools for a Healthier Community

- **Health Impact Assessment Checklist:**
  - Way to evaluate health effects of land use policies, projects or programs
  - Checklist includes environmental effects, as well as other factors affected, like social capital, physical activity, health equity and access to healthy food.
  - Meridian Township participated in development of HIA checklist and uses it on 100% of new projects.

# Tools for a Healthier Community

- **Promoting Active Communities Assessment:** Tool to engage the community in online assessment to locate gaps that if addressed could enhance active living environments.

Visit: <http://www.mihealthtools.org>

- **Mapping and Calendar Tools:** Promotes coalition engagement in BHC activities.

Visit: <http://www.re-news.net/mocth>

# Tools for a Healthier Community

- **Safe Routes to School Module:**
  - Lansing Reo and Willow Elementary schools and East Lansing Marble and Glencairn schools participated in 2007-08 and 2008-09.
  - Assesses gaps that can be addressed to enhance the safety of children walking to school and proposes an action plan to address gaps.
  - \$1000 seed grant/school supports planning phase



Glencairn students being led by bagpiper towards school on their Walk to School Day May 29, 09

# Lansing Non-Motorized Task Force

- **Lansing Complete Streets Ordinance:**
  - Lansing non-motorized task force headed development of and campaigning for ordinance which goes to the city council summer 2009.
  - Complete Streets Ordinance would make future road planning prioritize making streets safe for all its users- walkers, runners, bikers, public transit, cars, wheelchair users.

Visit: <http://www.walkbikelansing.com>

# Lansing Non-Motorized Task Force



NORTH  
PRECINCT  
CENTER  
LANSING NON-  
MOTORIZED  
PUBLIC  
ENGAGEMENT  
SESSION

# Transforming Neighborhoods: Healthy Eating

- Lansing Northwest, South and East sides have been designated as food desert areas.
- Multiple Lansing community centers and associations have headed efforts to supply their communities with fruits and vegetables through BHC funded programs.

# Community Gardens

- Northwest Initiative created two elementary school-based gardens and nutrition education programs and is starting a Senior Garden this year.

NWI  
elementary  
school garden  
at Mid-Michigan  
Leadership  
Academy  
Over 600  
students  
reached



# Farmer's Markets

- South Lansing Community Development Association Farmer's Market started summer 2009.

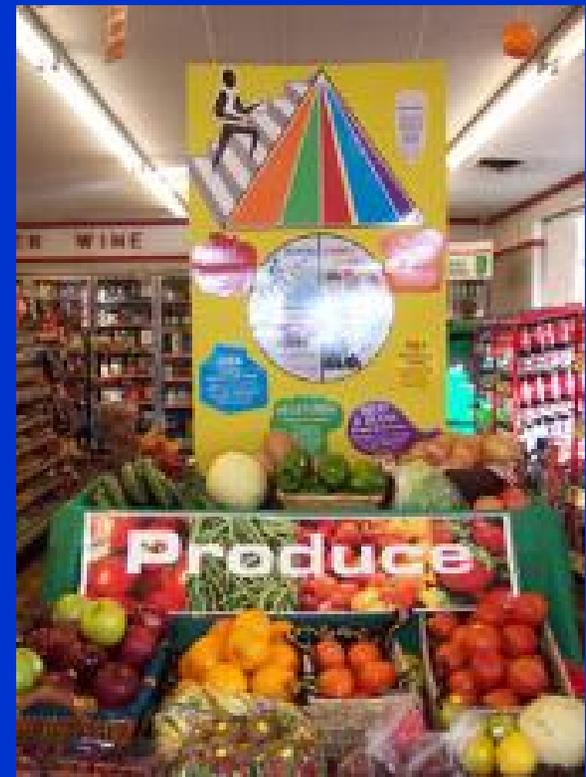
Allen Street  
Neighborhood  
Center  
Farmer's  
Market started  
in 2006, 6000  
patrons per  
year -  
Lansing's  
Eastside  
community



# Alliances with Convenience Stores

- Northwest Initiative worked with two local convenience stores to add more fruits and vegetables to its shelves.

Produce stand in a Northwest side Quality Dairy convenience store established through the Northwest Initiative



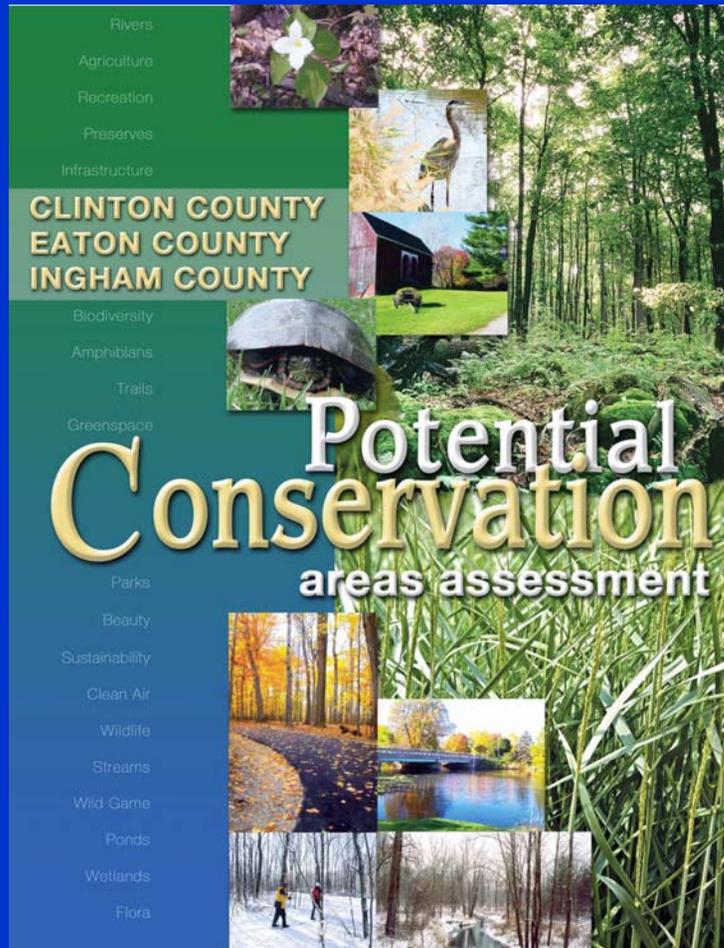
# Transforming Neighborhoods: Promoting Active Living

- Allen Neighborhood Center supported plans for a hoop house and enhanced a ½ mile pathway in Hunter Park with BHC funds.
  - 6 benches were added along the pathway
- South Lansing Community Development Association planned and created ¾ mile paved pathway in Benjamin Davis Park in response to community forum suggestions.

# Transforming the Region

- **Building Healthy Sustainable Community Dialogues: 2007-09**
  - Engaged over 200 people in three counties
  - Developed a list of 30 priority issues and defined the top four issues: Air and water quality, access to transportation and food.
  - Preparing policy briefs related to these issues.

# Transforming the Region



- **Green Infrastructure Project:**
  - Seed funds from BHC MDCH initiated collaboration for Mid-Michigan Green Infrastructure plans.
  - Green Infrastructure Plans guide planners in preserving natural areas while allowing development surrounding these areas.

# Transforming the Region

- **Community Partners in Health programs to support walking habits**
  - As of 2006 Ingham County Health Dept. participates in Winter Warm Ups at the Lansing Mall
  - Mayor's Challenge started in 2007 to engage local government
  - Satellite walking sites started in 2008
  - Monthly walking audits started in 2009

Visit: [www.cphlansing.org](http://www.cphlansing.org)



City Grand Ledge Mayor participating in a walking audit.

# What's in the Future of BHC in the Tri-county Region?

- Expand use of the HIA checklist and other BHC tools in the region
- Expand the reach for Safe Routes to School in additional area schools
- Expand access to healthy food in Lansing schools, farmers markets, and corner stores
- Develop policy initiatives to support BHC activities

# BHC's Future Cont.

- Engage the community around the Green Infrastructure project with community workshops
- Establish new Media Partnerships that will enhance promotion of current projects
- Continue periodic evaluation of projects using tools developed by MDCH

THANK YOU

CONTACT:

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[jsinno@ingham.org](mailto:jsinno@ingham.org)

(517) 887-4664

Ingham County Health Department

# Michigan Arthritis Program, Enhance Fitness, and YMCA

## Healthy Weight Partnership Meeting

June 9, 2009

Brighton, Michigan

Steve Springer, MSA, LRT

Arthritis Program

Michigan Department of Community Health



# Michigan Arthritis Program

- Michigan – CDC funded state (1 of 12)
- Grant goal: ↑ reach
- Embed CDC endorsed evidence-based programs with systems partners
- Programs: Enhance Fitness (EF), PATH, Arthritis Foundation Exercise & Self-Help



# Enhance Fitness

- EF: a physical activity program for older adults
- Components: stretching/flex., low impact aerobics, strength training, and balance
- Proven to increase strength, activity level and elevate mood



# Enhance Fitness

- EF is in 28 states
- Michigan - #2...in terms of number of EF sites
  - 45 sites
  - 8 licensees



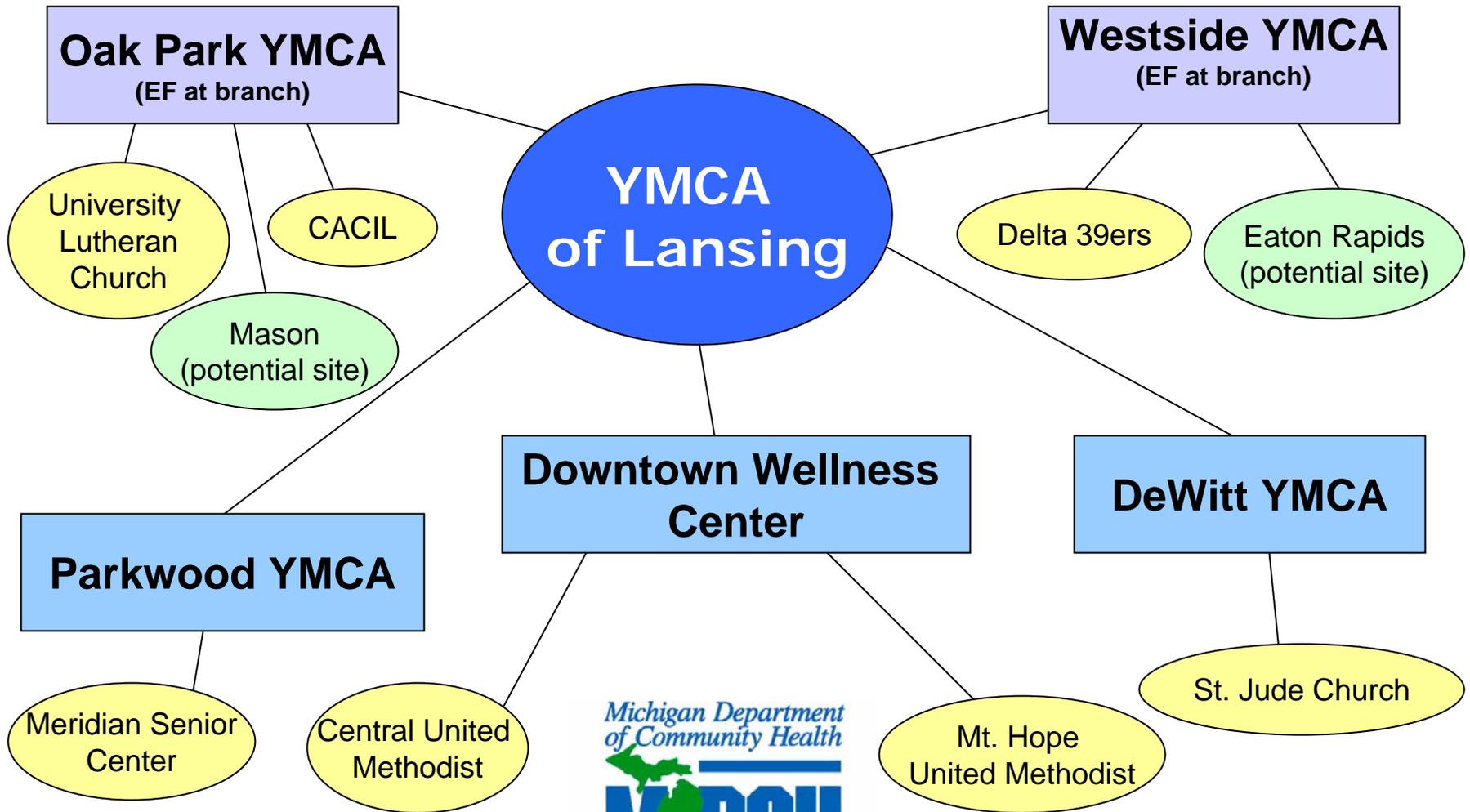
# Michigan Arthritis Program and YMCA

- YMCA – a systems approach
- Partnerships – Lansing, Detroit and Grand Rapids YMCAs



# YMCA

## Enhance Fitness in Lansing



# Mission Match

WIIFM? -- Benefits to the YMCA:

- Opportunity to engage people who do not currently utilize YMCA
- Increased visibility in the community
- Increased potential for new "members"
- MDCH and CDC support
- Outcome data



# Enhance Fitness

## Importance of collaboration

- Of adults in Michigan...
  - who are *obese*, **45% also have arthritis**
  - who are *overweight*, **31% also have arthritis**
  - with *diabetes*, **59% also have arthritis**
  - With *heart disease*, **65% also have arthritis**

BRFSS – 2007 data



# Enhance Fitness

## ■ Summary

- EF is an evidence-based program
- YMCA, as a systems partner, presents unique opportunities to implement EF
- Significant co-morbidity presents partnership opportunities
- Collaboration is key to program success



# Enhance Fitness

- Enhance Fitness demonstration with Melissa Lilje
- Thank you!
- Steve Springer – Michigan Arthritis Program
  - (517) 335-8402
  - [Springers@michigan.gov](mailto:Springers@michigan.gov)



# Healthy Weight Partnership Advisory Meeting

June 9, 2009

## Communication Strategies

**Sia R. Bangura**  
**Community Consultant**  
**Michigan Department of Community Health**

**Nutrition, Physical Activity and Obesity Prevention Program**



# NPAO

## Communication Strategies

- The NPAO uses various strategies to disseminate program information in a number of mediums



Michigan Healthy Weight Partnership



# NPAO

## Communication Strategies

- NPAO Webpage
- NPAO Update
- MI NPAO PowerPoint presentation
- The Logo
- Factsheets and listserv



Michigan Healthy Weight Partnership



# NPAO Webpage

- Program information
- Forum of Partners
- Trainings/Conferences
- Program updates
- Surveillance publications

[www.michigan.gov/preventobesity](http://www.michigan.gov/preventobesity)



Michigan Healthy Weight Partnership



# NPAO Program Update

## ○ Goal

- To disseminate obesity prevention information to local health departments, partners and other organizations working on obesity prevention initiatives

## ○ Target Audience

- Local health department staff, health professionals, community organizations, our HWP partners



Michigan Healthy Weight Partnership



# NPAO Program Update

## ○ Distribution plan

- To be distributed electronically via the MDCH CVH website and in print at conferences, meetings etc when applicable

## ○ Publication times

- Spring, Summer, Fall and Winter editions



Michigan Healthy Weight Partnership



# NPAO Program Update

The Update can be found at this address

[www.michigan.gov/preventobesity](http://www.michigan.gov/preventobesity)



Michigan Healthy Weight Partnership



# NPAO Program Update

- Spotlight on specific programs
  - Head Start, Building Healthy Communities, Faith-Based, Healthy Kids/Healthy Michigan and MI Steps plus, Breastfeeding Initiative
- Success stories from the programs
- Success stories from our Partners
- Information on obesity prevention in Michigan
- Trainings/Conference information
- Forum for health disparities issues



Michigan Healthy Weight Partnership



# NPAO Program Update

- How can our Partners be involved in the NPAO Update?
  - Send in your success stories from the various organizations you are affiliated with
    - Stories that show how your organization is implementing the State Plan
    - Pictures!
    - Tell us what you want to see in the Program Update



Michigan Healthy Weight Partnership



## ○ MI NPAO PowerPoint presentation

- A tool from the CDC that has been adapted to Michigan
- To be used as an information tool
- To be made available on the Program website



Michigan Healthy Weight Partnership



## ○ The Logo

- Partners to be involved in picking a program logo
- We value your opinion !



Michigan Healthy Weight Partnership



## ○ Fact sheets and Listserv

- Fact sheets

- Snap shot of the NPAO programs

- Listserv

- One-way dissemination tool to provide information



Michigan Healthy Weight Partnership



# We Eat Where We Are: The Impact of Environment on Obesity Health Disparities



**Sheryl Weir, Manager**  
Michigan Department of Community Health  
Health Disparities Reduction and Minority Health Section  
**Lauren Ramsey, Student Intern**  
University of Michigan School of Public Health  
**Healthy Weight Partnership Meeting**  
June 9, 2009



# Objectives

To discuss the terms “ racial and ethnic health disparities”, “health equity” and “social determinants.”

To explore the how social determinants are related to health status, specifically obesity.

To identify obesity risk and protective factors for various racial/ethnic populations.

To explore multi-level strategies to promote healthy weight.

# Michigan Healthy Eating and Physical Activity Plan

**Phases 1: Healthy Lifestyle Initiatives for African American Women**

**Phase 2: Cardiovascular Health Plan**

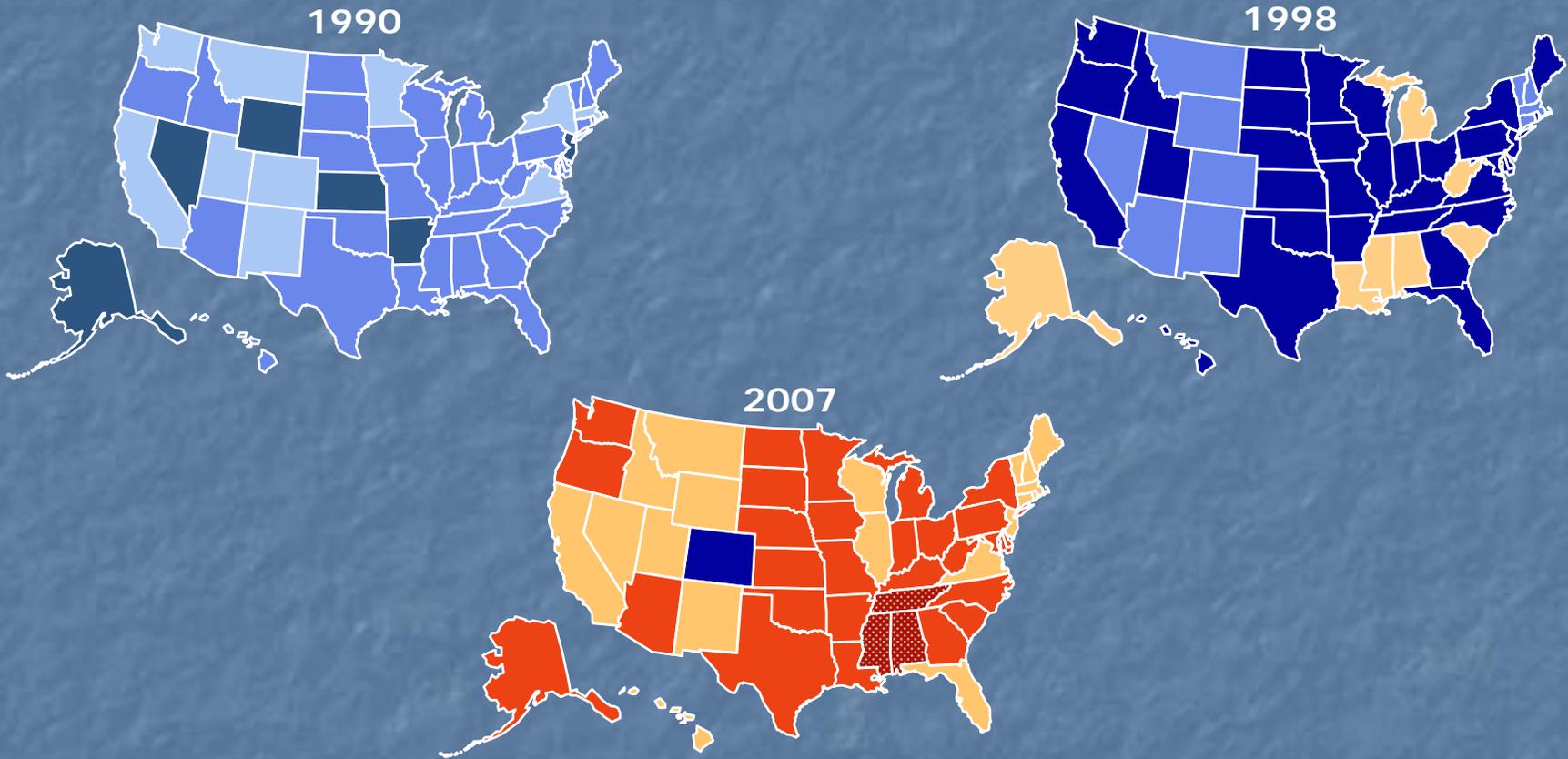
**Goal 1: Increase # of MI residents who have knowledge, motivation and opportunity to make lifestyle choices that promote healthy eating.**

**Goal 2: Increase # of MI residents who have knowledge, motivation and opportunity to obtain adequate physical activity levels to maintain good health.**

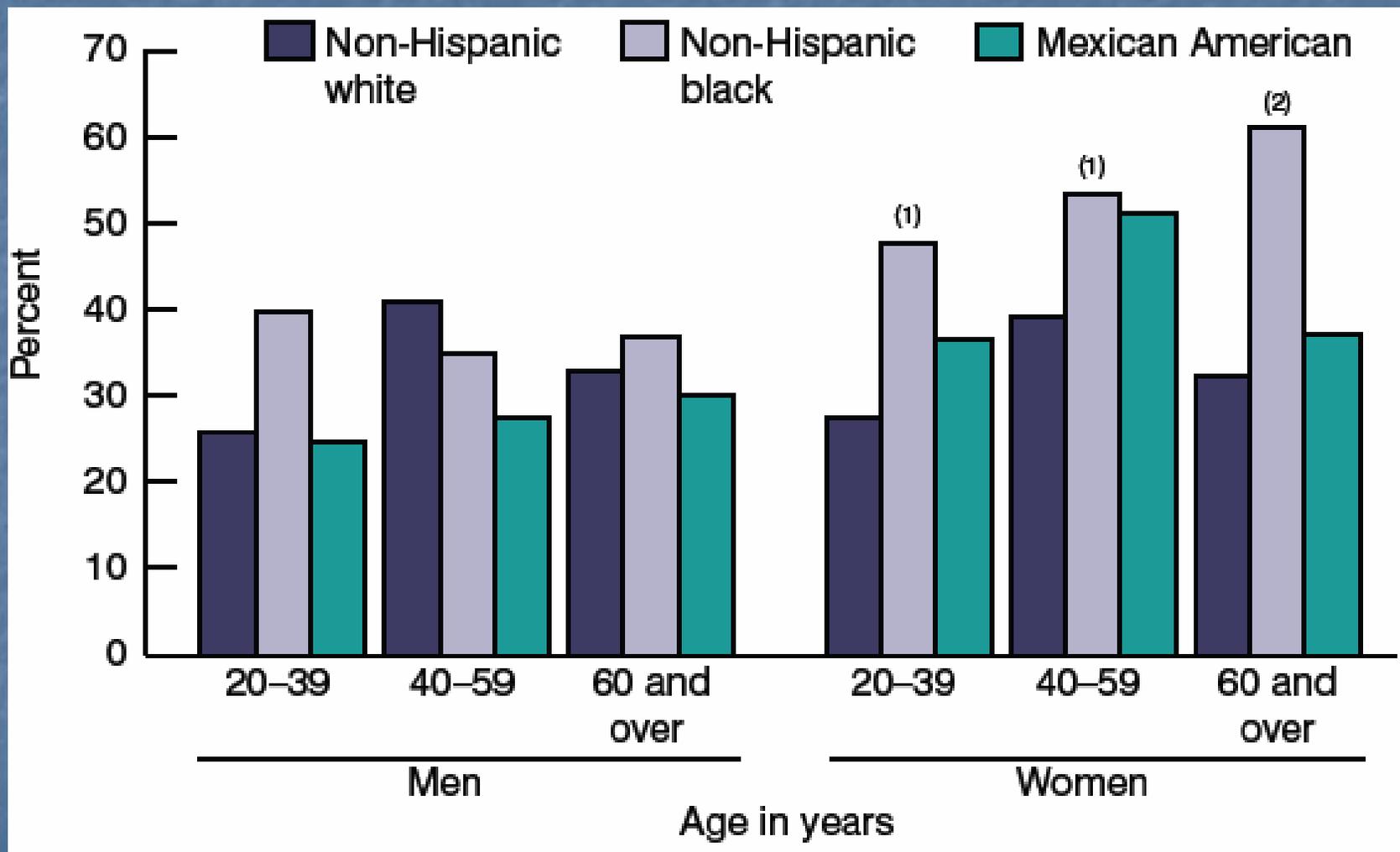
# Obesity Trends\* Among U.S. Adults

## BRFSS, 1990, 1998, 2007

(\*BMI  $\geq 30$ , or about 30 lbs. overweight for 5'4" person)



# Obesity by age, race/ethnicity, sex among US adults age 20+ (2005-2008)



SOURCE: CDC/NCHS, National Health and Nutrition Examination Survey,

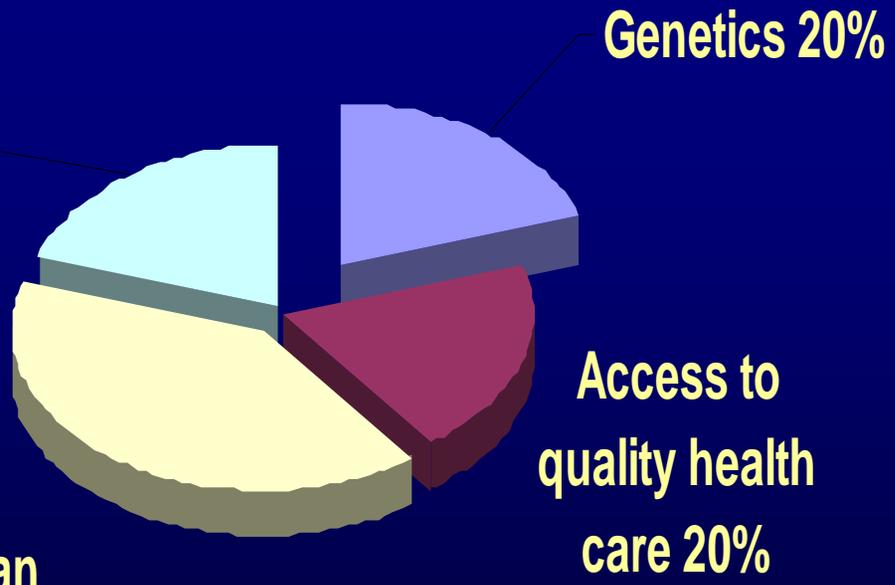
# Definitions

**Health disparities – (Racial/ethnic) differences in environment; access, utilization, and quality of care; health status; or health outcome that deserves scrutiny.**

**Health equity – Fair, just distribution of social resources and opportunities needed to achieve well-being.**

**Social determinants - Social forces acting at a collective level to shape individual biology, individual risk behaviors, environmental exposures, and access to resources that promote health.**

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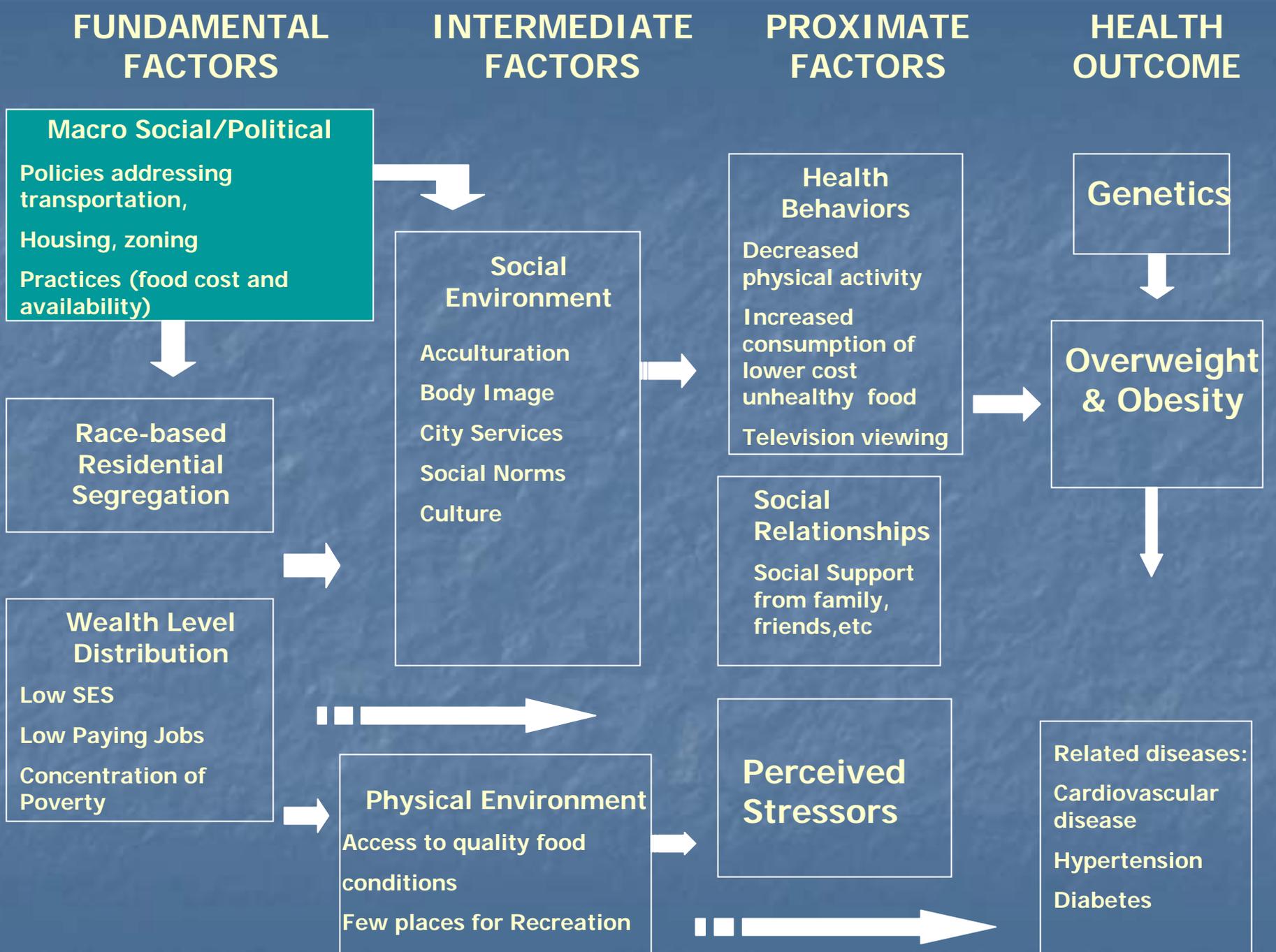
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McGinnis JM, Foege WH (1993) JAMA



# Risk Factors





Based on The Healthy Environments Partnership logic model– Schulz A. and Israel B.

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**2-Liter**

*Faygo*

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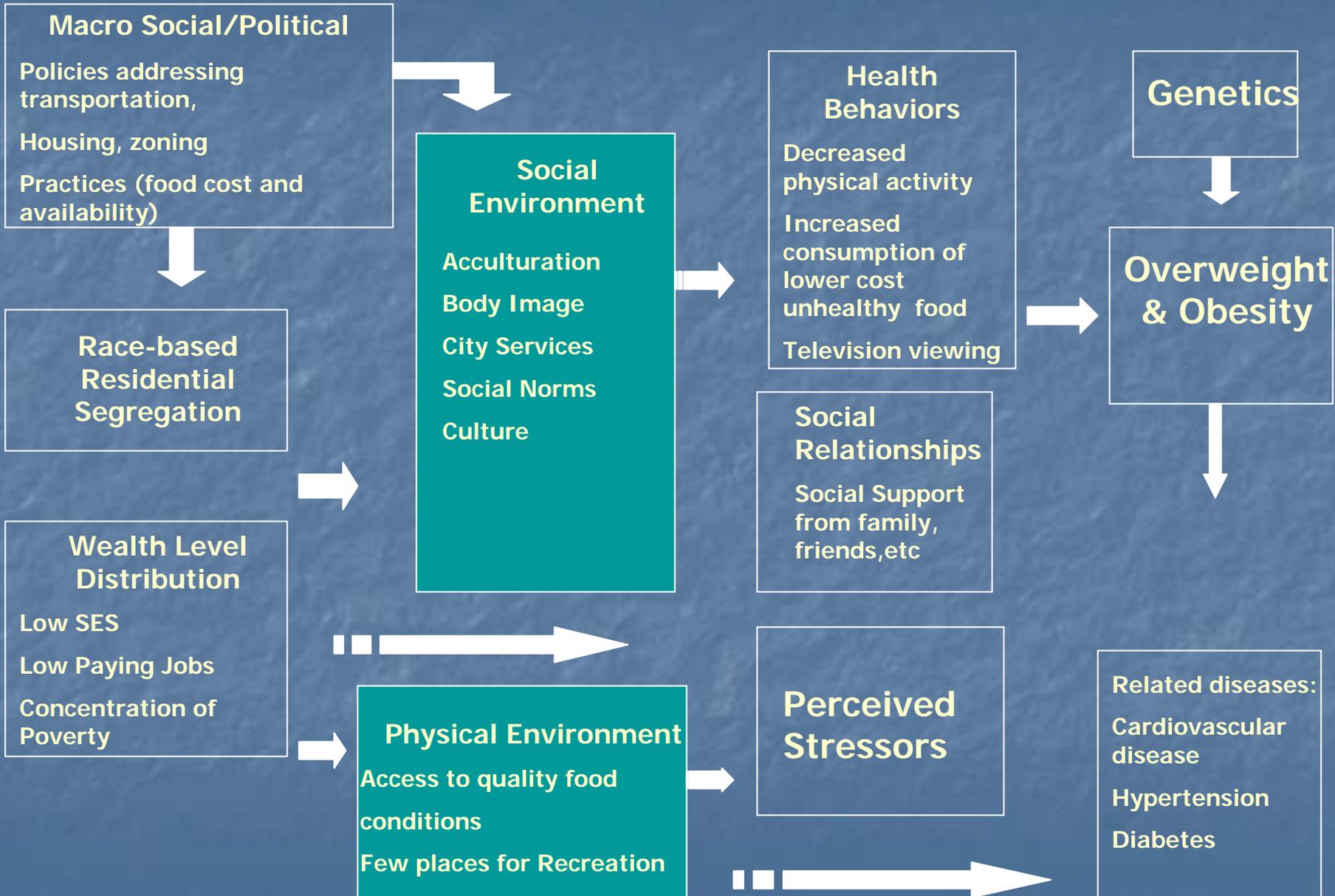
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# FUNDAMENTAL FACTORS

# INTERMEDIATE FACTORS

# PROXIMATE FACTORS

# HEALTH OUTCOME



# Physical Environment Fruit & Vegetable Options



# Physical Environment Fruit & Vegetable Options



# Physical Environment Fruit & Vegetable Options



# Physical Environment

## Physical Activity Options





# Protective Factors



# Social-Ecological Model



# Macro : Policy

- **Project FRESH Farmers Market Nutrition Program**
  - Federal/State Policy
  - Increased access to fresh produce
  - Support local farmers
- **Pennsylvania Fresh Food Financing Initiative**
  - State Policy
  - Community Development
  - Employment Opportunities
  - Increased fresh fruit/vegetable options
  - Support local business owners

# Intermediate: Social/Physical Environment

- On The Rise Bakery
- Healthy Environments Partnership
- 4-H CFSEM GREENWAYS INITIATIVE:  
Planning for Detroit's Rail-Trails
- 4-H Community Gardens

# Healthy Food Options On The Rise Bakery





# Community Garden



# Developing Strategies

- **Effective strategies to address obesity should:**
  - **Include community involvement and input.**
  - **Address risk and protective factors for the particular health issue.**
  - **Include multi-level approaches e.g. individual, community, policy change.**

End

# Healthy Weight Partnership Annual Meeting

## Closing Remarks and Next Steps

Nutrition, Physical Activity and Obesity Program  
[www.michigan.gov/preventobesity](http://www.michigan.gov/preventobesity)



# Healthy Weight Partnership Annual Meeting

## Thank you to our Partners!

Nutrition, Physical Activity and Obesity Program  
[www.michigan.gov/preventobesity](http://www.michigan.gov/preventobesity)

